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U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA RECEIVED					COURT CASE NUMBER 2:05cr150-LSC	
DEFENDANT Ronnie Bennett Grissett, et. al. 2006 FEB 17 P 4: 31					TYPE OF PROCESS Preliminary Order Of Forfeiture	
SERVE Hilda B. Clark AT ADDRESS (Street Rt 2 Box 143;	et or RFD, Apart	MARSH (ment MHODE)	ALS SER	VICE.	SCRIPTION OF PROPERTY	TO SEIZE OR CONDEMN
SEND NOTICE OF SERVICE COP	····		AND ADDRE	SS RELOW	T	
SEND NOTICE OF SERVICE COST TO REQUESTER AT NAME AND ADDRESS BELOW					Number of process to be served with this Form 285	1
UNITED STATES ATTORNEY OFFICE JOHN T. HARMON, AUSA P. O. BOX 197 MONTGOMERY AL 36101-0197					Number of parties to be served in this case	1
					Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OT All Telephone Numbers, and Estim				IN EXPEDITING SE	ERVICE <u>(Include Business and</u>	Alternate Addresses. Fold
05-DEA-459655			1			
Signature of Attorney other Originator requesting service on behalf it:					TELEPHONE NUMBER	DATE
un	4	_//		DEFENDANT	(334) 223-7280	02/16/06
SPACE BELOW FOR	USE OF	U.S. MAR	SHAL O	NLY- DO N	OT WRITE BELOV	V THIS LINE
					rized USMS Deputy or Clerk	Date 2 17/0
I hereby certify and return that on the individual, company, corpora	have personally tion, etc., at the	served, have address shown a	e legal evidenc bove on the on	e of service, have the individual, comp	e executed as shown in "Remarkany, corporation, etc. shown at	ks", the process described the address inserted below.
I hereby certify and return that I		NETURIY	ED°AND°	orporation, etc. name	d above (See remarks below)	
Name and title of individual served (if not shown above)					A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than	ı shown above)	MAY	- 2 200	8	Date 4/27/06	7:30 ☐ pm
	- 1 hy	U.S.DIS			Signature of U.S. N	Aarshal or Deputy
Service Fee Total Mileage Chincluding endeav		MIDDLE O	45,60	Advance Deposits	Amount owed to U.S. Mai (Amount of Refund*)	rshal* or
REMARKS: dances 35080 B Doziča, A	05Ton 1	28 (cr	(37) (4)496	-3601		
		1. CLERK OF		-		FORM USM-285

MAY BE USED

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

Rev. 12/15/80 Automated 01/00